

Application for Temporary Food Establishment Permit
FAIRHAVEN BOARD OF HEALTH

Name of Establishment	Operator	Contact Telephone #
Name of Event/Location	Date(s) of Events/Hours of Operation	
Operator Mailing Address		

1. Before completing this application, read **FOOD SAFETY AT TEMPORARY EVENTS** and “**ARE YOU READY?**” checklist. Have you read this material ____ Yes ____ No

2. Menu: Attach or list **all** items. Any changes must be submitted and approved by the Board of Health at least 5 days prior to the event.

3. Will all foods be prepared at the temporary establishment booth?

____ Yes Fill out **SECTION B** below.

____ No 1. Attach a copy of the agreement for use of an approved food establishment. Include dates and times of food preparation and a copy of the permit. 2. Fill out both **SECTIONS A and B** below.

4. List each food item prepared, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Pkg.
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Pkg.
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of trash: _____

6. On the graph page following this page, draw a sketch of the booth.

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments-Article X, and the above described establishment will be operated and maintained in accordance with the regulations.

Applicant's Signature	Date
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FOR BOARD OF HEALTH USE ONLY			
DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT FEE: \$_____
PERMIT ISSUED			LATE FEE: \$_____
DATE: _____			
_____	_____	TOTAL FEE = \$_____	ID#: _____
